

Milk allergy

Information and advice for parents and carers

Paediatric Nutrition & Dietetics

Cow's milk allergy is common in infants and very young children, but rarely develops after one year of age. About half of children with cow's milk allergy outgrow it within their first year, and most children outgrow it by the age of 3 years.

How is a milk allergy diagnosed?

To confirm your child has a milk allergy, their doctor/nurse may perform a skin prick test or blood tests (sIgE). For the skin prick test, a small amount of milk extract in a solution will be applied on your child's arm and their skin will be pricked, they may feel a slight scratch.

It is important to know that the size of the reaction on a skin prick test or the sIgE level of a blood test shows how likely a reaction is to happen if your child is exposed to milk, it does not predict the severity of the reaction.

What causes the allergy?

It is still uncertain why people develop food allergies. An allergic reaction to food is caused when the body's immune system treats harmless proteins found in food as a threat to the body by mistake. It then releases chemicals such as histamine to prevent this threat, which it treats as an infection. These chemicals can cause a variety of symptoms of allergy.

Very mild milk allergy

If your child has a very mild allergy, their body may be able to tolerate small amounts of dairy (milk) products such as yoghurt and cheese.

Mild to moderate milk allergy

If your child has a mild to moderate allergy, they may be able to have small amounts of milk products in cooked foods without causing a reaction e.g. in crisps, processed meats, biscuits and cakes.

Severe milk allergy

If your child has a severe allergy, a reaction can occur after tiny amounts of milk. **Your child must avoid all traces of milk to manage this level of allergy.** We will also be give you further information on foods that should also be avoided.

What are the symptoms of an allergic reaction?

Symptoms of a mild reaction

Most children only have a mild to moderate reaction when exposed to milk. The following symptoms may look or feel serious but fall in the mild category:

- Urticaria (blotchy red rash, like nettle rash)
- Funny feeling/taste in the mouth
- Lip or eye or facial swelling
- Vomiting

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Symptoms of a severe reaction

A severe allergic reaction is known as anaphylaxis. This is a very rare reaction that only the most sensitive of people are at risk of. Anaphylaxis symptoms include:

- Difficulty in breathing or asthma attack
- Throat tightening
- Tongue swelling
- Drowsiness

How is an allergic reaction treated?

If your child has eaten food which contains milk, you should do one of the following:

Mild reaction

Give them an antihistamine tablet such as chlorphenamine (Piriton) or loratidine (Clarityn).

Severe reaction

Children considered at high risk of anaphylaxis are prescribed an Epipen to carry with them at all times as part of an overall care plan. This is an adrenaline auto-injector (similar to an injection). If your child is given an Epipen, we will show you how to use it.

If your child has an anaphylactic reaction, you must treat it promptly with an Epipen and then dial '999'. If you do not have an Epipen then dial 999 straight away. Tell them that your child is having an allergic reaction and the symptoms.

You will be given more detailed, written information about treating an allergic attack at your child's allergy clinic appointment.

Alternatives to milk

Children under 1

If your child is under 1 and is allergic to cow's milk, you will need to give them an alternative milk instead of normal infant formula. Breast milk would be the first choice, if available.

Otherwise a specialist infant milk such as the ones listed will need to be prescribed by your GP.

- Nutramigen Lipil
- Pepti
- Pregestamil
- Neocate LCP
- Althera
- Alimentum

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Soya formula milk should not be given before the age of 6 months. This is because we are unsure how some compounds in soya may affect a developing baby's bodily systems.

Goats milk and sheeps milk should not be given either because their chemical structure is similar to cow's milk and in most case they will cause the same symptoms as cow's milk. Rice milk should not be given to children under the age of five.

Children over 1

Once your child has reached 1, you should discuss what alternative milks are suitable with the allergy team.

They may suggest continuing to use specialist formula milk or a change to shop-bought soya or oat milk. Rice milk should not be given to children under the age of five.

What foods normally contain milk?

- Cow's milk
- Cheese
- Butter
- Cream
- Yoghurt
- Fromage frais
- Ice cream
- Custard
- Rice Pudding
- Chocolate
- Mousse
- Mayonnaise
- Salad cream

Please note this is not a complete list

From an early age try to teach your child to always ask an adult before trying a new food.

Alternatives to dairy products

- Soya or oat milk
- Soya or oat yoghurt
- Soya cheese
- Soya or dairy-free spreads
- Soya or oat icecream
- Soya or oat cream
- Soya custard

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Advice when:

Food shopping

Many supermarkets and health food stores have a 'Free from' section which can be useful for finding milk-free products.

Many foods are labelled as 'may contain traces of milk' or 'made in a factory that handles milk'. This means the food does not contain milk as an ingredient but there is a risk of contamination of the food with milk.

Always read food labels for egg even on foods eaten regularly. This is particularly important if the food item has had a change to the recipe. Your dietitian can help you with this if you are unsure how to read food labels.

Eating out

Always let the staff in restaurants and takeaways know that your child has a milk allergy and if they cannot reassure you that the food is milk free then choose an alternative dish or eat elsewhere.

Informing your child's school and/or carers

Please ensure all carers are aware of your child's allergy and the treatment plan. Schools and day care nurseries will need to draw up a care plan for your child and staff will need to be trained in recognition and treatment of an allergic reaction. They will need to have antihistamines and/or an EpiPen kept at the school or nursery.

Allergy notification bracelet/chain

You may wish to consider purchasing a Medicalert bracelet or chain for your which will carry information about his/her allergy. You can do this by contacting:

Medicalert

Freephone: 0800 581420

Email: info@medicalert.org.uk

Medi-Tag

Tel: 0121 212 3636

Website: www.medi-tag.co.uk

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Contact Details

Your doctor may or may offer a further clinic appointment depending on the assessment of your child. If your child has a serious reaction or develops asthma you should arrange for them to be referred to the allergy clinic for a review of their treatment plan.

Dietitian: _____ Tel: _____

Further information

For more information about allergies and the support available:

Allergy UK

www.allergyuk.org

Helpline: 01322 619 898

For more information about our hospitals and services please see our websites www.swbh.nhs.uk and www.swbhengage.com, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

- EBM Guidelines, 'Food allergy and hypersensitivity in children', 2010
- Host, A et al, 'Dietary prevention of allergic diseases in infants and small children.' Paediatric Allergy Immunology, February 2008
- National Institute for Health and Care Excellence, 'Food allergy in children and young people' (CG116) , February 2011
- National Institute for Health and Care Excellence, 'Anaphylaxis: assessment to confirm an anaphylactic episode and the decision to refer after emergency treatment for a suspected anaphylactic episode' (CG134), December 2011

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: swb-tr.swbh-gm-patient-information@nhs.net



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